

budgets was \$142,602. This assistance is especially important since it is contributed primarily in the smaller rural counties.

It is especially interesting that the Florida laws governing the expenditures of school funds provide that these can only be spent for local services where the county health department is unable to provide needed services. At the present time, in only 7 counties are public health personnel employed by school boards other than through county health departments. This personnel consists of 19 public health nurses and 1 health educator. In 1 of these counties, although 4 public health nurses are paid directly by the local school board they work under the supervision of the county health

officer. In the other counties, they work in close cooperation with the personnel of the county health departments, and the outlook for a complete merger of efforts in the future is very bright.

Summary

During the past 23 years steady progress has been made toward statewide coverage by county health departments, and only one county, with a population of 27,200, is now unorganized. Similar progress has been made in the coordination and unification of local health services provided by counties, municipalities, local school boards, and the Florida State Board of Health.

Birth and Early Days of Florida's First County Health Unit

By W. H. Y. SMITH, M.D., C.P.H.

WHEN THE Taylor County Health Unit was established in Florida during August 1930, it arrived, with the help of the Public Health Service, on a scene which was not only beginning to feel the full impact of a depression but which was already burdened by an abundance of malaria and hookworm disease.

From this county's swamp swarmed the *Anopheles quadrimaculatus* mosquitoes, and in its sandy soil thrived the hookworm larvae. It was a county rich in its land from the trees, yet poor in its soil that was cultivated. From its great sawmills and lumber towns came the money and from the country came the poor.

The health unit consisted of a motley group of "foreigners." To this unsuspecting community came a nurse from Tennessee, a sanitation officer from Massachusetts, the health officer from Canada, and a secretary who was the only native-born denizen.

In the beginning, the three moving pieces of personnel—the nurse, the sanitation officer, and the health officer—studied their maps and planned their strategy. Then they moved out

Florida's experience in developing local health services is reviewed by Dr. Sowder in the preceding paper. He speaks of 1930 legislation and establishment that year in Taylor County of the State's first local unit.

This informal account of the creation and early days of the Taylor County Unit is taken from remarks at the 1952 meeting of the Florida Public Health Association by the unit's first health officer, Dr. W. H. Y. Smith, now director of the bureau of preventable diseases in the State Health Department of Alabama.

To pioneers and veterans of the local—and particularly of the rural—health movement, this vignette may evoke a degree of nostalgia. To some who have not had the privilege of working the back roads in some variety of shoe-leather epidemiology, nursing, or sanitation, it may even have an odd and distant tone. But to those who today are dealing, face-to-face, with problems of local health service, many elements and incidents in this flashback to two decades ago will seem remarkably current.

in their separate ways for personal appearances and good will tours in the county and were greeted quite often with blank stares and a thinly veiled hostility. Yet, there was always the one or the two, uninformed and hookwormy or malarial as he or they might be, who accepted the "pearls of wisdom" that were being dispensed and nodded vigorously and who, almost at once, became an ally and supporter. And with these allies and supporters the beginning was made in the communities.

Sanitation in the towns was relatively good and screening reasonably well done because the lumber industries through past years had learned or had been shown the worthwhileness of such things, and, too, most townspeople were used to such conveniences. But from the edge of one town to the edge of the next industrialized town and through those towns without industries there was a lack of these antihookworm and antimalarial facilities. And most of the people were ignorant in the ways of preventive medicine and health and were resistant to any and all innovations. "What was good enough for pappy is good enough for me" was their determined song. And the string trio of health workers were just as determined to play a new tune. But the tune was a simple melody. Funds were lacking for a great crescendo of music with brass and winds and piano for a mass attack of drainage ditch and privy building. Yet slowly but surely the nurse found her way into homes and the sanitation officer's spot map began to show evidence of privy building.

Then arose a new kind of resistance. The beautiful screened doors were kicked out because mamma couldn't get the door opened fast enough to throw out the dirty dish water or because the screens kept out the fresh air. And the privies went unused. Perhaps, the classic example of the latter was the family of eight who were filled to overflowing with hookworms. They lived deep in the country and were all potbellied and pasty faced. They were too sick for the usual remedy of carbon tetrachloride and so the new drug hexylresorcinol was used. During the several stages of treatment a new and shiny privy was built by the sanitation officer and his helpers, who explained the facts of privy life to the family. They

would nod their heads and smile in simple agreement, but the privy remained unused. One day, the old man explained why. They were so grateful for the return of their health that they couldn't possibly use the beautiful new house that the health unit had built for them for that desecrating purpose.

As a help in getting across the story of health, moving pictures were used. The traveling members of the unit would visit each home and invite everyone to the free pictures. In one home the nurse encountered stonewall resistance when the mother of a brood of hookwormy children said there was no such thing as hookworms, and if there was a moving picture of them it was made up because you couldn't take a picture of something that wasn't.

Interlaced with the educational programs and privy building were the hookworm treatment clinics. Through the schools, class by class, and in the homes, specimen tins were given out and carbon tetrachloride was given to the positives. The list was always long and at times, in some schools, there were no negatives. It was thought that repeated treatments might slow down the infestations even though the privy building program hadn't reached or wasn't yet accepted in the areas. Future survey proved this point.

The antimalaria program moved forward slowly. To accelerate it, quinine clinics were held throughout the county one summer. Once a week the people were met and given quinine capsules and instructed how to take them prophylactically. Neighbor told neighbor and the numbers at the clinic increased week by week. It appeared for a time that this type of clinic was being highly successful because of the crowds. But there was a flaw. Although they were only given enough quinine sulfate for the family for one week of prophylaxis, they didn't use it that way. This was discovered when one man at a clinic refused quinine, saying that he had enough now to last him for years. Apparently they didn't take the medicine as directed but put it on the shelf awaiting the time they would have chills and fever.

Inroads, of course, were made in the other communicable diseases but nothing was done about venereal diseases. Those were the days of men's doctors, secretiveness, and disgrace.

By the end of the first year, the unit was fairly firmly established with many people. But with the county commissioners it was different because the unit was dealing with new officials, not the ones who established it. There were two for, two against, and one on the fence. It was the one on the fence that had to be convinced. So at budget time the commissioner's room was filled with health unit supporters. The country people came on foot and in wagons, and the ones from industry and the clubs came in automobiles. And industry didn't send little wheels, they sent big ones. They all crowded into the little room—well-dressed men and women against a background of faded and patched overalls and shirts and snuff and chewing tobacco. It was hot and stuffy, and the unwashed bodies perspired freely with the washed ones until the commissioners were convinced.

Then the second year rolled around and

there was a repeat performance of the previous year. But industry didn't send such big wheels because it felt the health unit was old enough to stand on its own feet. It should have been, but the grapevine said the commissioners again were divided. But again the pressure was strong enough to continue the work for another year.

When the third year ended, it was decided to turn off the pressure. Either the past performance of health was apparent or it wasn't. To the people it was but not to the commissioners. They threw out the health unit, lock, stock, and barrel and replaced it with a nurse.

It is hard to express the feelings of a group of pioneers in health who tried to do a good job and succeeded only in being considered expendable and unnecessary. But bitterness and resentment were replaced as the feeling of success slowly seeped in again . . . for Taylor County remained without a health unit for just 1 year.

Public Health Service Staff Announcements

Dr. Lloyd D. Felton, an outstanding authority in bacteriology and immunology and a commissioned officer of the Public Health Service, died September 11, 1953. He devoted his entire career to laboratory research and medical teaching—at Johns Hopkins Medical School, Rockefeller Institute for Medical Research, and Harvard University's Medical School and School of Public Health. Dr. Felton's extensive studies of the virulence of bacteria led to the discovery of the Felton serum used in the treatment of pneumonia. Also, Dr. Felton discovered an antigen for immunization against pneumonia and introduced methods of standardization which enable physicians to determine the proper dosages of antibodies for the treatment of the disease. He contributed much toward the development of the sulfa drugs and during World War I made intensive studies of meningitis for the Army Medical Corps. He had been ill of a heart disease for more than 2 years. Before his illness, he was chief of the pneumonia unit in the Division of Infectious Diseases at the National Institutes of Health from 1938 to 1949. Dr. Felton's home was at 125 E. Thornapple St., Chevy Chase, Md. Burial was in Arlington Cemetery.

Dr. Albert M. Kessel, head of the pathological technology section of the laboratory of pathology, National Cancer Institute, Public Health Service, was killed in the crash of a Belgian airliner near Frankfurt, Germany, October 14. His wife and daughter were also killed in the crash. Dr. Kessel, with the National Cancer Institute since 1940, was on a vacation trip to Germany, where he was born in 1909. At the Institute, Dr. Kessel did research work in micro-anatomic fixation techniques and microscope slide staining methods. He was curator and assistant instructor in neuro-anatomy at the Mt. Sinai Hospital in New York City from 1929 to 1936.

Dr. Byron C. Brunstetter, secretary of the hematology and pathology study sections, Division of Research Grants, National Institutes of Health, was killed in a plane crash near Albany, N. Y., on September 16, while on an official trip, reviewing the projects of NIH grantees. Dr. Brunstetter had been with the Division of Research Grants staff since 1948, first as chief of the research fellowships branch. Since 1951 he had also served as chairman of the board of civil service examiners at the National Institutes of Health.